

## APPOINTMENT OF EXAMINERS FOR M.Phil./Ph.D. PROGRAMME

Board of Study		
Name of the Student		
Registration Number		
Tentative Title		
<b>SUPERVISOR/S</b>		
1	Name Affiliation Email Address Contact Number	
2	Name Affiliation Email Address Contact Number	
<b>THESIS EXAMINER/S</b>		
1	Name Affiliation Qualifications Email Address Contact Number	
2	Name Affiliation Qualifications Email Address Contact Number	
<b>ORAL EXAMINER</b>		
1	Name Affiliation Qualification Email Address Contact Number	
Comments		
Chairperson of Board of Study	(Name)	
	(Signature)	(Date) DD/MM/YYYY